

## OFFICE OF THE STANDING CHAPTER 13 TRUSTEE

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## DOMESTIC SUPPORT OBLIGATION INFORMATION SHEET

***THE DEBTOR ACKNOWLEDGES THAT THE CHAPTER 13 TRUSTEE IS OBLIGATED TO PROVIDE WRITTEN NOTICE TO THE RECIPIENT OF A DOMESTIC SUPPORT OBLIGATION AND THE APPLICABLE STATE /COUNTY SUPPORT AGENCY. THE DEBTOR, BY SIGNING THIS FORM, CONSENTS TO DISCLOSURE BY THE CHAPTER 13 TRUSTEE OF THE DEBTOR'S FULL SOCIAL SECURITY NUMBER TO THE STATE/COUNTY SUPPORT AGENCY.***

**PLEASE PRINT CLEARLY**

This form was completed by: \_\_\_\_\_ Debtor(s) \_\_\_\_\_ Attorney for Debtor(s)

Date: \_\_\_\_\_ Chapter 13 Case Number: \_\_\_\_\_

Debtor's Name: \_\_\_\_\_

Debtor's Signature: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

**I pay alimony, child support, and/or maintenance to the following person(s):**

1. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_